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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wells Fargo and Company Employee PAC (aka Wells Fargo Employee PAC) 550 S 4th Street, Floor 10 ADDRESS (number and street) MAC N9310-10E (Check if address is changed) Minneapolis 55415-1529 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS donovan.e.ganoe@wellsfargo.com (Check if address is changed) Optional Second E-Mail Address kreese@skadden.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 25 DATE 2022 C00034595 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Aimone, Shannon, , Ms., Type or Print Name of Treasurer Aimone, Shannon, , Ms., [Electronically Filed] 04 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
Can	didate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee I	Name			
Wells Fargo ar	nd Company Employee I	PAC (aka Wells	Fargo Emp	loyee PAC)
6. Name of Any Connect	ted Organization, Affiliated Committee, J	Joint Fundraising Represe	entative, or Leadershi	p PAC Sponsor
Wells Fargo and C	ompany North Carolina Emplo	oyees Good Govern	nment Fund	
Mailing Address	301 South College Street			
	Charlotte	1	NC 28288-002	4
	CITY	S	TATE Z	IP CODE
7. Custodian of Records: books and records.	: Identify by name, address (phone numbe	r optional) and position (of the person in posse	ession of committee
Gand Full Name	oe, Donovan, E., Mr.,			
Mailing Address	550 S 4th Street, Floor 10			
maming / taul eee	MAC N9310-10E			
	Minneapolis		MN 55415-152	29
Title or Position	CITY	STA	ATE Z	IP CODE
Assistant Treasurer		Telephone number	612 - 66	67 2589
8. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) e.g., assistant treasurer).	of the treasurer of the cor	mmittee; and the name	e and address of
Full Name Aimon of Treasurer	ne, Shannon, , Ms.,			
Mailing Address	1700 K Street NW, Floor 08			
	MAC R0151-082			
	Washington	<u> </u>	DC 20006-381	7
Title or Position	CITY	STA	ATE ZI	P CODE
Treasurer		Telephone number	202 - 41	6 2681

i LO I OIIII I (IXC	evised 02/2009)	Page 4
Full Name of Designated Gano Agent	pe, Donovan, E., ,	
Mailing Address	550 S 4th Street, Floor 10	
	MAC N9310-10E	
	Minneapolis CITY STATE	55415-1529 ZIP CODE
Title or Position Assistant Treasurer	Telephone number	12 - 667 - 2589
safety deposit boxes or Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit	maintains funds.	
Name of Bank, Deposit	tory, etc.	
Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo Bank, N.A. Wells Fargo Center	
Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo Bank, N.A. Wells Fargo Center	55479
Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette	55479
Name of Bank, Deposit We Mailing Address	maintains funds. tory, etc. Ils Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette Minneapolis MN CITY STATE	
Name of Bank, Deposit We Mailing Address	maintains funds. tory, etc. Ills Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette Minneapolis CITY STATE	ZIP CODE
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette Minneapolis MN CITY STATE	
Name of Bank, Deposit	maintains funds. tory, etc. Ills Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette Minneapolis CITY STATE	ZIP CODE
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit	maintains funds. tory, etc. Ills Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette Minneapolis CITY STATE	ZIP CODE
Name of Bank, Deposit Well Mailing Address Name of Bank, Deposit	maintains funds. tory, etc. Ills Fargo Bank, N.A. Wells Fargo Center Sixth and Marquette Minneapolis CITY STATE	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Wells Fargo and C	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	550 S 4th Street, Floor 10		
	MAC N9310-10E		
	Minneapolis	MN	55415-1529
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Full Name			
Mailian Address	1		
Mailing Address			
Mailing Address			
Mailing Address			
Mailing Address TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	CITY A	STATE Telephone Number	ZIP CODE A
TITLE OR POSITION	ries: List all banks or other depositories in w	Telephone Number	
TITLE OR POSITION Lanks or Other Depositor afety deposit boxes or mail arme of Bank, depository, etc.	ries: List all banks or other depositories in w	Telephone Number	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundra Company Employees Good Governm	= -	
Mailing Address	550 S 4th Street, Floor 10		
	MAC N9310-10E		<u> </u>
	Minneapolis	MN	55415-1529
Dalatianahina	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Spo
Connecte	ed Organization X Affiliated Committee Joint	Fundraising Represent	ative Leadership PAC Spo
Connecte Designated Agent: Identi	ed Organization X Affiliated Committee Joint	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	ed Organization X Affiliated Committee Joint	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	Affiliated Committee Joint fy by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint fy by name, address (phone number – optional) CITY		
Connecte Designated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Joint fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which to	STATE A lephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Sanks or Other Depositional afety deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee Joint My by name, address (phone number – optional) CITY CITY Te Dries: List all banks or other depositories in which the paintains funds.	STATE A lephone Number	ZIP CODE ZIP CODE s funds, holds accounts, rents